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Fax No. (352) 372-5800						April 29, 2009 (Signature)					
APPLICATION NO.	FILING DATE		FIRST NAMED		'ENTOR			RNEY DOCKET NO.	CONFIRMATION NO.		
10/655,873	09/05/2003		Shyam S. Mohapa				USF.182XC1	USF.182XC1 6872			
TITLE OF INVENTION	: GENETIC ADJUVAN	TS FOR I	MMUNOTHER	AAPY			2				
APPLN. TYPE	SMALL ENTITY	ISSU	E FEE DUE	PUBLICATION FEE DU	Æ 1	PREV. PAID ISSUI	E FEE	EE TOTAL FEE(S) DUE		DATE DUE	
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EXAM	ART UNIT		CLASS-SUBCLASS	ASS							
NOBLE, MARCIA STEPHENS			1632	514-044000						.k,Lloyd &	
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME AD PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIG	ondence address (or Chai M122) attached. ication (or "Fee Address' 2 or more recent) attach ND RESIDENCE DATA ess an assignee is identianin 37 CFR 3.11. Comp	nge of Co ' Indication ed. Use of A TO BE I fied below	on form f a Customer PRINTED ON Town, no assignee this form is NO	data will appear on the fa substitute for filing (B) RESIDENCE: (CI	ngle or agrattorn be protected by the pr	firm (having as a ent) and the name leys or agents. If rinted.) ent. If an assignessignment.	members of up no nam	er a 2er a 2er a 2er a 3entified below, the d			
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